

Fill in this information to identify the case:Debtor name Roman Catholic Church of the Archdiocese of Santa FeUnited States Bankruptcy Court for the: DISTRICT OF NEW MEXICOCase number (if known) 18-13027☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:
Copy line 88 from *Schedule A/B*..... \$ 37,590,598.00

1b. Total personal property:
Copy line 91A from *Schedule A/B*..... \$ 14,748,760.66

1c. Total of all property:
Copy line 92 from *Schedule A/B*..... \$ 52,339,358.66

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 3,751,736.56

4. **Total liabilities**
Lines 2 + 3a + 3b \$ 3,751,736.56

Fill in this information to identify the case:Debtor name **Roman Catholic Church of the Archdiocese of Santa Fe**United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**Case number (if known) **18-13027**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Candelaria Lopez
124 Santa Ana Road
Bernalillo, NM 87004Date(s) debt was incurred **5/2018**

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim: **Personal injury claim**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.2 Nonpriority creditor's name and mailing address

Catherine Collins
c/o Prince, Schmidt, Korte and Baca
2905 Rodeo Park Dr. East, Building 2
Santa Fe, NM 87505Date(s) debt was incurred **6/2017**

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim: **Personal injury claim**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.3 Nonpriority creditor's name and mailing address

Christine B. Romero
c/o Pierre Levy of O'Friel and Levy
PO Box 2084
Santa Fe, NM 87504

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim: **Breach of Employment Contract Claim**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.4 Nonpriority creditor's name and mailing address

Church of Ascension
2150 Raymac SW
Albuquerque, NM 87105

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim: **Indemnification/Contribution**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

	Debtor Roman Catholic Church of the Archdiocese of Santa Fe <small>Name</small>	Case number (if known) 18-13027	
3.5	Nonpriority creditor's name and mailing address Church of the Incarnation 2309 Monterrey Road NE Rio Rancho, NM 87144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address Claimant C.M. Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.7	Nonpriority creditor's name and mailing address Claimant D.G. Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.8	Nonpriority creditor's name and mailing address Claimant J.N. Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.9	Nonpriority creditor's name and mailing address Claimants c/o Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.10	Nonpriority creditor's name and mailing address Cristo Rey Parish 1120 Canyon Road Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.11	Nonpriority creditor's name and mailing address Diocese of Gallup 503 W Highway 66 Gallup, NM 87301 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pledged amount paid over a five year period</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address Emma Banuelos 240 County Road 303 Seminole, TX 79360 Date(s) debt was incurred <u>3/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address Estancia Valley Catholic Parish PO Box 129 Moriarty, NM 87035 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Hilda Hidalgo 121 Tafoya Road Belen, NM 87002 Date(s) debt was incurred <u>9/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Holy Child PO Box 130 Tijeras, NM 87059 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Holy Cross PO Box 1228 Santa Cruz, NM 87567 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address Holy Family PO Box 12127 Albuquerque, NM 87195 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Holy Family - Chimayo PO Box 235 Chimayo, NM 87522 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.19	Nonpriority creditor's name and mailing address Holy Family - St. Joseph PO Box 37 Roy, NM 87743 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.20	Nonpriority creditor's name and mailing address Holy Family Church 355 Chicosa Street Roy, NM 87743 Date(s) debt was incurred <u>6/2010</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pledged funds for capital projects</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>
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3.21	Nonpriority creditor's name and mailing address Holy Ghost 833 Arizona Street SE Albuquerque, NM 87108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.22	Nonpriority creditor's name and mailing address Immaculate Conception 619 Copper Avenue NW Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.23	Nonpriority creditor's name and mailing address Immaculate Conception - Cimarron 440 W. 18th Street Cimarron, NM 87714 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.24	Nonpriority creditor's name and mailing address Immaculate Conception - Las Vegas 811 6th Street Las Vegas, NM 87701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.25	Nonpriority creditor's name and mailing address Immaculate Conception - Tome PO Box 100 Tome, NM 87060 Date(s) debt was incurred <u>2008</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pledge to Meadow Lake Mission to purchase five acres of land</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
3.26	Nonpriority creditor's name and mailing address Immaculate Heart of Mary 3700 Canyon Road Los Alamos, NM 87544 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.27	Nonpriority creditor's name and mailing address Jane Doe "I" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100,000.00</u>
3.28	Nonpriority creditor's name and mailing address Jane Doe "L" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100,000.00</u>
3.29	Nonpriority creditor's name and mailing address Jane Doe "M" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100,000.00</u>
3.30	Nonpriority creditor's name and mailing address Jane Does "G, I, L and M" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100,000.00</u>

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3.31 Nonpriority creditor's name and mailing address

John Doe
c/o Merit Bennett
460 St. Michael's Drive, Ste 703
Santa Fe, NM 87505

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.32 Nonpriority creditor's name and mailing address

John Doe "67"
Claimants c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.33 Nonpriority creditor's name and mailing address

John Doe "69"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.34 Nonpriority creditor's name and mailing address

John Doe "70"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.35 Nonpriority creditor's name and mailing address

John Doe "71"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

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3.36 Nonpriority creditor's name and mailing address

John Doe "73"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address

John Doe "74"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.38 Nonpriority creditor's name and mailing address

John Doe "76"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address

John Doe "77"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.40 Nonpriority creditor's name and mailing address

John Doe "78"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

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3.41 Nonpriority creditor's name and mailing address

John Doe "79"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.42 Nonpriority creditor's name and mailing address

John Doe "80"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.43 Nonpriority creditor's name and mailing address

John Doe "82"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address

John Doe "83"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.45 Nonpriority creditor's name and mailing address

John Doe "84"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.46 Nonpriority creditor's name and mailing address

John Doe "87"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address

John Doe "88"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address

John Doe "90"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address

John Doe "91"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.50 Nonpriority creditor's name and mailing address

John Doe "92"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name _____	Case number (if known) 18-13027
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3.51 Nonpriority creditor's name and mailing address

John Doe "93"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.52 Nonpriority creditor's name and mailing address

John Doe "94"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.53 Nonpriority creditor's name and mailing address

John Doe "96"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.54 Nonpriority creditor's name and mailing address

John Doe 1, c/o Carolyn Nichols
Rothstein Donatelli, LLP
500 Fourth Street NW, Suite 400
Albuquerque, NM 87102

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

3.55 Nonpriority creditor's name and mailing address

John Doe 2, c/o Carolyn Nichols
Rothstein Donatelli, LLP
500 Fourth Street NW, Suite 400
Albuquerque, NM 87102

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.56 Nonpriority creditor's name and mailing address

**John Doe 4, c/o Carolyn Nichols
Rothstein Donatelli, LLP
500 Fourth Street NW, Suite 400
Albuquerque, NM 87102**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.57 Nonpriority creditor's name and mailing address

**John Doe 5, c/o Carolyn Nichols
Rothstein Donatelli, LLP
500 Fourth Street NW, Suite 400
Albuquerque, NM 87102**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.58 Nonpriority creditor's name and mailing address

**John Doe 6, c/o Carolyn Nichols
Rothstein Donatelli, LLP
500 Fourth Street NW, Suite 400
Albuquerque, NM 87102**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$100,000.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only**

Is the claim subject to offset? ☒ No ☐ Yes

3.59 Nonpriority creditor's name and mailing address

**La Santisima Trinidad
PO Box 189
Arroyo Seco, NM 87514**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

3.60 Nonpriority creditor's name and mailing address

**Lucy Brown
2808 Bellamah Drive
Santa Fe, NM 87507**

Date(s) debt was incurred **9/2018**

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Personal injury claim**

Is the claim subject to offset? ☒ No ☐ Yes

3.61 Nonpriority creditor's name and mailing address

**Madison Bartleson
c/o Prince, Schmidt, Korte and Baca
2905 Rodeo Park Dr. East, Building 2
Santa Fe, NM 87505**

Date(s) debt was incurred **5/2017**

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Personal injury claim**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe <small>Name</small>	Case number (if known)	18-13027
3.62	Nonpriority creditor's name and mailing address Marc Hilton c/o Michael Danoff and Associates 1225 Rio Grande Blvd., NW Albuquerque, NM 87104 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Claim for wrongful termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	Nonpriority creditor's name and mailing address N.S. de Guadalupe del Valle de Pojoaque 9 Grazing Elk Drive Santa Fe, NM 87506-7140 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	Nonpriority creditor's name and mailing address Nativity of the Blessed Virgin Mary 9502 4th Street NW Albuquerque, NM 87114 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	Nonpriority creditor's name and mailing address Nuestra Senora de Guadalupe PO Box 1270 Pena Blanca, NM 87041 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	Nonpriority creditor's name and mailing address Nuestra Senora de Guadalupe - Taos 205 Don Fernando Street Taos, NM 87571 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.67	Nonpriority creditor's name and mailing address Our Lady of Belen 101 - A North 10th Street Belen, NM 87002 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.68	Nonpriority creditor's name and mailing address Our Lady of Fatima 4020 Lomas Blvd. NE Albuquerque, NM 87110 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.69 Nonpriority creditor's name and mailing address

Our Lady of Guadalupe
1860 Griegos Road NW
Albuquerque, NM 87107

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.70 Nonpriority creditor's name and mailing address

Our Lady of Guadalupe - Clovis
108 North Davis Street
Clovis, NM 88101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.71 Nonpriority creditor's name and mailing address

Our Lady of Guadalupe - Peralta
PO Box 10
Peralta, NM 87042

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.72 Nonpriority creditor's name and mailing address

Our Lady of Guadalupe - Villanueva
PO Box 39
Villanueva, NM 87583

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.73 Nonpriority creditor's name and mailing address

Our Lady of Lavang
1015 Chelwood Park NE
Albuquerque, NM 87112

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.74 Nonpriority creditor's name and mailing address

Our Lady of Sorrows - Bernalillo
PO Box 607
Bernalillo, NM 87004

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.75 Nonpriority creditor's name and mailing address

Our Lady of Sorrows - La Joya
PO Box 32
La Joya, NM 87028

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Debtor	Name	Case number (if known)	
	Roman Catholic Church of the Archdiocese of Santa Fe	18-13027	
3.76	Nonpriority creditor's name and mailing address Our Lady of Sorrows - Las Vegas 403 Valencia Street Las Vegas, NM 87701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.77	Nonpriority creditor's name and mailing address Our Lady of the Annunciation 2532 Vermont St. NE Albuquerque, NM 87110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.78	Nonpriority creditor's name and mailing address Our Lady of the Assumption 811 Guaymas Place NE Albuquerque, NM 87108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.79	Nonpriority creditor's name and mailing address Our Lady of the Assumption Jemez Springs PO Box 10 Jemez Springs, NM 87025-0010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.80	Nonpriority creditor's name and mailing address Our Lady of the Most Holy Rosary 5415 Fortuna Road NW Albuquerque, NM 87105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.81	Nonpriority creditor's name and mailing address Prince of Peace Catholic Community 12500 Carmel Avenue NE Albuquerque, NM 87122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.82	Nonpriority creditor's name and mailing address Queen of Heaven 5311 Phoenix Avenue NE Albuquerque, NM 87110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.83	Nonpriority creditor's name and mailing address Risen Savior Catholic Community 7701 Wyoming Blvd. NE Albuquerque, NM 87109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.84	Nonpriority creditor's name and mailing address Ruben Ortiz Michael Ross, Elias Law Firm, P.C. 111 Isleta Blvd. SW, Suite A Albuquerque, NM 87105 Date(s) debt was incurred <u>11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal Injury Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.85	Nonpriority creditor's name and mailing address Rudy Blea c/o Pierre Levy, O'Friel and Levy, P.C. 644 Don Gaspar Avenue Santa Fe, NM 87505 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Tort Claim - Defamation of Character</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.86	Nonpriority creditor's name and mailing address Sacred Heart 412 Stover Avenue SW Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.87	Nonpriority creditor's name and mailing address Sacred Heart - Clovis 911 N. Merriwether Street Clovis, NM 88101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.88	Nonpriority creditor's name and mailing address Sacred Heart - Espanola PO Box 69 Espanola, NM 87532 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.89	Nonpriority creditor's name and mailing address Saint John XXII Catholic Community 4831 Tramway Ridge Drive, NE Albuquerque, NM 87111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

3.90	Nonpriority creditor's name and mailing address San Antonio de Padua PO Box 460 Penasco, NM 87553-0460 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.91	Nonpriority creditor's name and mailing address San Clemente PO Box 147 Los Lunas, NM 87031 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.92	Nonpriority creditor's name and mailing address San Diego Mission PO Box 79 Jemez Pueblo, NM 87024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.93	Nonpriority creditor's name and mailing address San Felipe de Neri PO Box 7007 Albuquerque, NM 87194 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.94	Nonpriority creditor's name and mailing address San Francisco de Asis PO Box 72 Ranchos De Taos, NM 87557 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.95	Nonpriority creditor's name and mailing address San Ignacio 1300 Waler Street NE Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.96	Nonpriority creditor's name and mailing address San Isidro 3552 Aqua Fria Street Santa Fe, NM 87507 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

3.97	Nonpriority creditor's name and mailing address San Jose 2401 Broadway Blvd. SE Albuquerque, NM 87102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.98	Nonpriority creditor's name and mailing address San Jose - Anton Chico PO Box 99 Anton Chico, NM 87711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.99	Nonpriority creditor's name and mailing address San Jose - Los Ojos PO Box 6 Los Ojos, NM 87551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.100	Nonpriority creditor's name and mailing address San Juan Bautista PO Box 1075 Ohkay Owingeh, NM 87566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.101	Nonpriority creditor's name and mailing address San Juan Nepomuceno PO Box 7 El Rito, NM 87530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.102	Nonpriority creditor's name and mailing address San Miguel 403 El Camino Real Street NW Socorro, NM 87801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.103	Nonpriority creditor's name and mailing address San Miguel del Vado PO Box 507 Ribera, NM 87560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe <small>Name</small>	Case number (if known) 18-13027
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3.104 Nonpriority creditor's name and mailing address

San Ysidro
PO Box 182
Corrales, NM 87048

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.105 Nonpriority creditor's name and mailing address

Sangre de Cristo
8901 Candelaria Road NE
Albuquerque, NM 87112

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.106 Nonpriority creditor's name and mailing address

Santa Clara
PO Box 186
Roy, NM 87743

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.107 Nonpriority creditor's name and mailing address

Santa Maria de La Paz Catholic Community
11 College Avenue
Santa Fe, NM 87508

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.108 Nonpriority creditor's name and mailing address

Santo Nino - Tierra Amarilla
PO Box 160
Tierra Amarilla, NM 87575

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.109 Nonpriority creditor's name and mailing address

Santuario San Martin de Porres
8321 Camino San Martin SW
Albuquerque, NM 87121

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.110 Nonpriority creditor's name and mailing address

Shrine of Our Lady of Guadalupe - SF
417 Aqua Fria Street
Santa Fe, NM 87501

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Indemnification/Contribution**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.111	Nonpriority creditor's name and mailing address Shrine of St. Bernadette 11509 Indian School Road NE Albuquerque, NM 87112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.112	Nonpriority creditor's name and mailing address Shrine of the Little Flower St. Teresa of the Infant Jesus 300 Mildred Avenue NW Albuquerque, NM 87107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.113	Nonpriority creditor's name and mailing address St. Alice PO Box 206 Mountainair, NM 87036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.114	Nonpriority creditor's name and mailing address St. Anne 1400 Arenal Road SW Albuquerque, NM 87105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.115	Nonpriority creditor's name and mailing address St. Anne - Tucumcari 306 West High Tucumcari, NM 88401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.116	Nonpriority creditor's name and mailing address St. Anne's 511 Alicia Street Santa Fe, NM 87501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.117	Nonpriority creditor's name and mailing address St. Anthony - Dixon PO Box 39 Dixon, NM 87527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe <small>Name</small>	Case number (if known) 18-13027
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3.118	Nonpriority creditor's name and mailing address St. Anthony - Questa PO Box 200 Questa, NM 87556 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.119	Nonpriority creditor's name and mailing address St. Anthony of Padua - Fort Sumner PO Box 370 Fort Sumner, NM 88119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.120	Nonpriority creditor's name and mailing address St. Anthony of Padua - Pecos HC 74, Box 23 Pecos, NM 87552 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.121	Nonpriority creditor's name and mailing address St. Augustine PO Box 849 Isleta, NM 87022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.122	Nonpriority creditor's name and mailing address St. Charles 1818 Coal Place SE Albuquerque, NM 87106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.123	Nonpriority creditor's name and mailing address St. Edwin 2105 Barcelona Road SW Albuquerque, NM 87105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.124	Nonpriority creditor's name and mailing address St. Francis Xavier 820 Broadway Blvd. SE Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.125	Nonpriority creditor's name and mailing address St. Francis Xavier - Clayton 115 North 1st Street Clayton, NM 88415 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.126	Nonpriority creditor's name and mailing address St. Gurtrude the Great PO Box 599 Mora, NM 87732 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.127	Nonpriority creditor's name and mailing address St. Helen 1600 South Avenue O Portales, NM 88130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.128	Nonpriority creditor's name and mailing address St. John the Baptist - Santa Fe 1301 Osage Avenue Santa Fe, NM 87505 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.129	Nonpriority creditor's name and mailing address St. John Vianney Church 1001 Meteor Avenue NE Rio Rancho, NM 87144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.130	Nonpriority creditor's name and mailing address St. Joseph PO Box 516 Springer, NM 87747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.131	Nonpriority creditor's name and mailing address St. Joseph - Cerrillos PO Box 98 Cerrillos, NM 87010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.132 Nonpriority creditor's name and mailing address

St. Joseph on the Rio Grande
5901 St. Joseph Drive NW
Albuquerque, NM 87120

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.133 Nonpriority creditor's name and mailing address

St. Jude Thaddeus
5712 Paradise Blvd. NW
Albuquerque, NM 87114

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.134 Nonpriority creditor's name and mailing address

St. Mary
PO Box 276
Vaughn, NM 88353

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.135 Nonpriority creditor's name and mailing address

St. Patrick - Chama
PO Box 36
Chama, NM 87520

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.136 Nonpriority creditor's name and mailing address

St. Patrick - St. Joseph
105 Buena Vista Street
Raton, NM 87740

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.137 Nonpriority creditor's name and mailing address

St. Rose of Lima
439 South 3rd Street
Santa Rosa, NM 88435

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.138 Nonpriority creditor's name and mailing address

St. Thomas Aquinas
1502 Sara Road SE
Rio Rancho, NM 87124

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

3.139 Nonpriority creditor's name and mailing address
St. Thomas Aquinas University Parish
1815 Las Lomas Road NE
Albuquerque, NM 87106
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.140 Nonpriority creditor's name and mailing address
St. Thomas the Apostle
PO Box 117
Abiquiu, NM 87510
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.141 Nonpriority creditor's name and mailing address
The Cathedral Basilica of St. Francis
PO Box 2127
Santa Fe, NM 87504
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Indemnification/Contribution

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.142 Nonpriority creditor's name and mailing address
Thomas Paickattu
c/o Andrew Indahl, Altura Law Firm
500 Marquette Drive NW, Ste. 1200
Albuquerque, NM 87102
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Tort Claim - Defamation of Character

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.143 Nonpriority creditor's name and mailing address
United States Conf. of Catholic Bishops
3211 Fourth Street NE
Washington, DC 20017-1194
Date(s) debt was incurred 2018-2019
Last 4 digits of account number SFE

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Catholic Bishop Conferences

Is the claim subject to offset? ☒ No ☐ Yes

\$51,736.56

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b.	+ \$ 3,751,736.56
5c.	\$ 3,751,736.56

Debtor **Roman Catholic Church of the Archdiocese of Santa Fe**
Name

Case number (if known) **18-13027**

Fill in this information to identify the case:

Debtor name Roman Catholic Church of the Archdiocese of Santa Fe

United States Bankruptcy Court for the: DISTRICT OF NEW MEXICO

Case number (if known) 18-13027

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration Amended Summary of Assets and Liabilities

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

3/30/2019

x

Tony Salgado

Signature of individual signing on behalf of debtor

Tony Salgado

Printed name

Executive Director of Finance

Position or relationship to debtor